APPLICATION FOR EMERGENCY ABSENTEE BALLOT

TO:	Board of Election Supervisors 6401 Forest Road Cheverly, MD 20785	Date:	
NAME OF APPLICANT: PRINT NAME EXACTLY AS ON VOTER REGISTRATION ADDRESS:			
	eby apply for an absentee ballot for the Collowing emergency reason:	Cheverly Town Election, to be held on	, for
Check of		, as a condition of my employment, that I	must be
	I will be physically unable to vote in person on election day because of my own illness or accident which occurred on (date)		
	I will be unable to vote in person on election day because of a death or serious illness in my immediate family which occurred on (date)		
Instr	ructions for delivery:		
Check of		t the following address (if different from above):	
	I wish to pick up the absentee ballot in person or by the following designated agent:		
	eby affirm under the penalty of perjury u to the best of my knowledge and belief.	under the laws of Maryland that all of the above state	ments are
	<u> </u>	(Signature of applicant)	

WARNING! Anyone who willfully signs any false application or oath, or who willfully does any act contrary to the terms and provisions of the Cheverly election laws with intent to cast an illegal vote or to aid another in doing so, or who willfully violates any of the provisions of such laws, or who applies for a ballot under any other name than his/her own, shall, upon conviction, be subject to a fine of \$100 or to imprisonment for not more than thirty (30) days or to both, in the discretion of the Court.

WARNING! An absentee ballot will not be sent unless the applicant is registered to vote in elections for the Town of Cheverly. No voter may vote in person after an absentee ballot application has been approved and a ballot sent.